Under the Paperwork Reduction Act of 1995. TRANSMITTAL FORM (to be used for all correspondence after initial for	Application Number Filing Date First Named Inventor Art Unit Examiner Name	Approved for use through 07/31/2006. OMB 0651-0031 and Trademark Office; U.S. DEPARTMENT OF COMMERCE on of information unless it displays a valid OMB control number. 09/617,455 07/17/2000 Reiner Kraft 3622 Stephen Michael Gravini	
Total Number of Pages in This Submission	Attorney Docket Number	ARC920000100US1	
Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Other Enclosure(s) (please Identify below): 1) Change of Correspondence Address (PTO/SB/122)		After Allowance communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Assignment Recordation documents Status Letter Other Enclosure(s) (please Identify below): 1) Change of Correspondence Address (PTO/SB/122) 2) Certificate of Trasmission VED 2004	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm or			
CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

05/19/2004

Samuel A. Kassatly

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Complete if Known

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 330

Signature

espond to a collection of info	imation unless it displays a valid OMB con	uoi nomben.
Co	omplete if Known	
Application Number	09/617,455	
Filing Date	07/17/2000	
First Named Inventor	Reiner Kraft	
Examiner Name	Stephen Mlchael Gravini	
Art Unit	3622	
Attorney Docket No.	ARC920000100US1	

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)		
Check Credit card Money Other None	3. ADDITIONAL FEES		
Order Order	Large Entity Small Entity		
Donosit	Fee Fee Fee Fee Fee Description Fee Paid		
Account 09-0441	1051 130 2051 65 Surcharge - late filing fee or oath		
Number Deposit Account International Business Machines	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet		
Name	1053 130 1053 130 Non-English specification		
The Director is authorized to: (check all that apply)	1812 2,520 1812 2,520 For filing a request for ex parte reexamination		
Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action		
Charge fee(s) indicated below, except for the filing fee	1805 1,840* 1805 1,840* Requesting publication of SIR after		
to the above-identified deposit account.	Examiner action 1251 110 2251 55 Extension for reply within first month		
FEE CALCULATION	E touring for early within append month		
1. BASIC FILING FEE	1252 420 2252 210 Extension for reply within second month		
Large Entity Small Entity Fee Fee Fee Fee Fee Pee Paid	1254 1,480 2254 740 Extension for reply within fourth month		
Code (\$) Code (\$)	1255 2,010 2255 1,005 Extension for reply within fifth month		
1001 770 2001 385 Utility filing fee	330		
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal 1402 330 2402 165 Filing a brief in support of an appeal		
1003 530 2003 265 Plant filing fee	1402 330 2402 100 Filling a blick in deppetrer at a specific and appears a specific at		
1004 770 2004 385 Reissue filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding		
1005 160 2005 80 Provisional filing fee	1452 110 2452 55 Petition to revive - unavoidable		
SUBTOTAL (1) (\$)	1453 1,330 2453 665 Petition to revive - unintentional		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSU			
Fee from Extra Claims below Fee Pai	100. 1,000		
Total Claims	1503 640 2503 320 Plant issue fee		
independent -3" = 0 x \$86 = 0	1460 130 1460 130 Petitions to the Commissioner		
Multiple Dependent \$290 =0	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)		
Large Entity Small Entity	1806 180 1806 180 Submission of Information Disclosure Stmt		
Fee Fee Fee Fee Fee Description Code (\$)	8021 40 8021 40 Recording each patent assignment per property (times number of properties)		
1202 18 2202 9 Claims in excess of 20	1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))		
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple dependent claim, if not paid			
1203 290 2203 145 Multiple dependent claim, if not paid 1204 86 2204 43 ** Reissue independent claims	examined (37 CFR 1.129(b))		
over original patent	1801 770 2801 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination		
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application		
SUBTOTAL (2) (\$) 0	Other fee (specify)		
**or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 330		
SUBMITTED BY (Complete (if applicable))			
Name (Print/Type) Samuel A. Kassatly	Registration No. (Attorney/Agent) 32,247 Telephone 408-323-5111		
M/ Let	(Attorney/Agent) Date 05/19/2004		

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